

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163449

Entity Name: WLNY GP, INC.

FILED  
Mar 16, 2009  
Secretary of State

## Current Principal Place of Business:

C/O WLNY-TV INC.  
270 S. SERVICE ROAD, STE 55  
MELVILLE, NY 11747

## New Principal Place of Business:

## Current Mailing Address:

C/O WLNY-TV INC.  
270 S. SERVICE ROAD, STE 55  
MELVILLE, NY 11747

## New Mailing Address:

FEI Number: 20-3949935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.  
C/O 9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PASCUCCI, CHRISTOPHER  
Address: 270 S SERVICE RD STE 45  
City-St-Zip: MELVILLE, NY 11747

Title: VP ( ) Delete  
Name: FEINDATT, DAVID  
Address: 270 S SRVS RD STE 45  
City-St-Zip: MELVILLE, NY 11747

Title: SAT ( ) Delete  
Name: CAVALLARO, PETER L  
Address: 270 S SRVS RD STE 45  
City-St-Zip: MELVILLE, NY 11747

Title: TAS ( ) Delete  
Name: BECKER, CHARLES  
Address: 270 S SRVS RD STE 45  
City-St-Zip: MELVILLE, NY 11747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. BECKER

TAS

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date